

2018 Form OR-20-INC

Page 1 of 3, 150-102-021 (Rev. 10-18) Oregon Department of Revenue



Office use only	

Oregon Corporation Income Tax Return

Submit original form—do not submit photocopy

Fiscal year beginning
 Fiscal year ending

See instructions for checkboxes.

- New name New address Extension
- Form OR-37 REIT/RIC Amended
- Form OR-24 Federal Form 8886 GILTI included on federal return
- Alternative apportionment request included

<input type="checkbox"/> Legal name	<input type="checkbox"/> FEIN —		
<input type="checkbox"/> DBA/ABN	<input type="checkbox"/> Attn. or c/o		
<input type="checkbox"/> Current address	<input type="checkbox"/> City	<input type="checkbox"/> State	<input type="checkbox"/> ZIP code
<input type="checkbox"/> Contact name	<input type="checkbox"/> Contact phone () —		
<input type="checkbox"/> Email			

Use **Form OR-20-INC** when the corporation derives Oregon-source income, but the income-producing activity doesn't actually constitute "doing business." **If the corporation has an Oregon address or has Oregon sales and one other apportionment factor for Oregon, the corporation should file Form OR-20.**

Complete questions A through D only if this is your first return or the answer changed during this tax year.

<input type="checkbox"/> A. Incorporated in (state)	<input type="checkbox"/> Incorporated on (date) <input type="text" value="// //"/>	<input type="checkbox"/> B. State of commercial domicile	<input type="checkbox"/> C. Date business activity began in Oregon <input type="text" value="// //"/>	<input type="checkbox"/> D. Business activity code
<input type="checkbox"/> E. (1) Consolidated federal return	<input type="checkbox"/> (2) Consolidated Oregon return	<input type="checkbox"/> (3) Corporations included in consolidated federal return, but not in Oregon return		
<input type="checkbox"/> F. Enter name of parent corporation, if applicable		<input type="checkbox"/> Enter FEIN of parent corporation, if applicable —		
<input type="checkbox"/> G. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire				
<input type="checkbox"/> H. List the tax years for which your federal taxable income was changed by an IRS audit or by an amended federal return filed during this tax year				
<input type="checkbox"/> I. If first return, indicate: <input type="checkbox"/> New business <input type="checkbox"/> Successor to previous business		<input type="checkbox"/> J. If final return, indicate: <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved <input type="checkbox"/> Merged or reorganized		
Name of previous business		Name of merged or reorganized corporation		
FEIN —		FEIN —		
<input type="checkbox"/> K. Utility or telecommunications companies (see instructions)		<input type="checkbox"/> L. Limited partner income only		

M. Fill in the amount of your total Oregon sales **M.** .00

2018 Form OR-20-INC



- 1. Taxable income from U.S. corporation income tax return (see instructions) ● 1.
- 2. Total additions from Schedule OR-ASC-CORP, Section A (see instructions) ● 2.
- 3. Income after additions (line 1 plus line 2)..... ● 3.
- 4. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions)..... ● 4.
- 5. Net income before apportionment (line 3 minus line 4). Carry amount
on line 5 to Schedule OR-AP, part 2, line 1..... ● 5.
- 6. Enter the apportionment percentage from
Schedule OR-AP, part 1, line 22..... ● 6. %
- 7. Oregon taxable income from Schedule OR-AP, part 2, line 11..... ● 7.

- Tax**
- 8. Calculated income tax (see instructions) ● 8.
 - 9. Tax adjustments (include schedule) ● 9.
 - 10. Tax before credits (line 8 plus line 9)..... ● 10.

- Credits**
- 11. Total standard credits from Schedule OR-ASC-CORP, Section C (see instructions) ● 11.
 - 12. Tax after standard credits (line 10 minus line 11)..... ● 12.
 - 13. Total carryforward credits from Schedule OR-ASC-CORP, Section D..... ● 13.

- Income tax**
- 14. Income tax after standard and carryforward credits (line 12 minus line 13)..... ● 14.
 - 15. LIFO benefit recapture subtraction (see instructions)..... ● 15.
 - 16. Net income tax (line 14 minus line 15, see instructions) (no minimum income tax) ● 16.
 - 17. 2018 Estimated tax payments, other prepayments, and refundable credits
from Schedule ES line 8. Include payments made with extension ● 17.
 - 18. Withholding payments made on your behalf from pass-through entity or
real estate income..... ● 18.
 - 19. **Tax due.** Is line 16 more than line 17 plus 18? If so, line 16 minus
lines 17 and 18..... **Tax due** ● 19.
 - 20. **Overpayment.** Is line 16 less than line 17 plus line 18? If so, line 17 plus
line 18, minus line 16 **Overpayment** ● 20.
 - 21. Penalty due with this return 21.
 - 22. Interest due with this return 22.
 - 23. Interest on underpayment of estimated
tax (include Form OR-37)..... ● 23.
 - 24. Total penalty and interest (add lines 21 through 23) 24.
 - 25. **Total due** (line 19 plus line 24)..... **Total due** 25.
 - 26. **Refund available** (line 20 minus line 24) **Refund** ● 26.
 - 27. Amount of refund to be credited to estimated tax..... ● 27.
 - 28. **Net refund** (line 26 minus line 27)..... **Net refund** 28.

2018 Form OR-20-INC



Schedule ES—Estimated Tax Payments, Other Prepayments, and Refundable Credits

1.		Name of payer			
Quarter 1		● Payer's FEIN	Date paid	Amount paid.....	● 1. <input style="width:100px;" type="text" value=".00"/>
		-	/ /		
2.		Name of payer			
Quarter 2		● Payer's FEIN	Date paid	Amount paid.....	● 2. <input style="width:100px;" type="text" value=".00"/>
		-	/ /		
3.		Name of payer			
Quarter 3		● Payer's FEIN	Date paid	Amount paid.....	● 3. <input style="width:100px;" type="text" value=".00"/>
		-	/ /		
4.		Name of payer			
Quarter 4		● Payer's FEIN	Date paid	Amount paid.....	● 4. <input style="width:100px;" type="text" value=".00"/>
		-	/ /		
		5. Overpayment of another year's tax applied as a credit against this year's tax.....		● 5.	<input style="width:100px;" type="text" value=".00"/>
		6. Payments made with extension or other prepayments for this tax year and date paid _____		● 6.	<input style="width:100px;" type="text" value=".00"/>
		7. Total refundable credits from Schedule OR-ASC-CORP, Section E.....		● 7.	<input style="width:100px;" type="text" value=".00"/>
		8. Total prepayments and refundable credits (carry to line 17 on previous page).....		● 8.	<input style="width:100px;" type="text" value=".00"/>

Under penalty of false swearing, I declare that the information in this return and any enclosures are true, correct, and complete.					
Sign here	Signature of officer		Signature of preparer other than taxpayer		
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
	Date	Date	Phone	● License no. of preparer	
	/ /	/ /	() -		
	Print name of officer		Print name of preparer		
Title of officer		Address of preparer			
		City	State	ZIP code	

Mail refund returns and no tax due returns to: Refund, PO Box 14777, Salem OR 97309-0960	Mail tax-to-pay returns with payment to: Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470
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Include a complete copy of your federal Form 1120 and schedules. Don't staple.